State Form 47273 (R/2-04)

## WASTE TIRE MANIFEST

## Indiana Department of Environmental Management

Use of this form is required by 329 IAC 15-4-13 and IC 13-20-14-5.

		GENEI	RATOR		
Generator			Shipment		
Name			Origin		
Mailing			Location		
Address		_	Address		
City	State	Zip Code	City	State	Zip Cod
Telephone Number (including area code)			Telephone Number (including area code)		
Description of Shipr Material:	ment:				
		(Whole tires, Sh	redded tires, etc.)		
If whole tires, how n	nany of each type: Pa	assenger car tires	Truck tires	Other tires _	
If shredded tires, app	proximate weight (in	tons)	or volume (in cubic	yards)	
Generator's Authoria	 zed Agent	Signature		Date of S	Shipment
			PORTER		<b>-</b>
Registration No			Telephone: ()		
Transporter Name: _			Driver's Name:		
Address:					
			THE TRANSPORTER M	/UST GIVE A CO	MPLETED
City	State	Zip Code	COPY OF THIS FORM	TO THE GENERA	TOR.
I CERTIFY THAT TABOVE.	ΓΗΕ MATERIAL D	ESCRIBED ABO	VE WAS PICKED UP AT	THE SITE DESC	RIBED
Driver's Signature			Date of Pickup		
		DESTIN	NATION		
Site Name:			Telephone: ()		
Address:			Permit/Registration No		
City	State	Zip Code	State:		
-		-	<u> </u>		
	THE MATERIAL D 5, THIS INFORMAT		VE HAS BEEN ACCEPT ND ACCURATE.	ED AND, TO THE	BEST OF
	Agent	Signature		Rece	eipt Date
Name of Authorized THE WASTE TIRE		Signature MUST COMPLET	E THIS FORM FOR EAC		eipt Date WASTE

THE WASTE TIRE TRANSPORTER MUST COMPLETE THIS FORM FOR EACH SHIPMENT OF WASTE TIRES.